

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
COLORADO, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	357,814	100%	165,761	46%	\$1,650,302,969	100%	\$139,354,721	8%
Age								
0-3	69,785	20%	41,629	60%	\$121,600,850	7%	\$31,710,115	26%
4-5	23,958	7%	11,127	46%	\$28,933,482	2%	\$1,139,613	4%
6-12	67,114	19%	28,429	42%	\$99,792,148	6%	\$3,369,562	3%
13-18	36,872	10%	17,767	48%	\$134,107,283	8%	\$14,674,100	11%
19-21	15,207	4%	10,108	66%	\$58,053,890	4%	\$10,310,361	18%
22-44	70,367	20%	35,917	51%	\$398,382,275	24%	\$42,836,778	11%
45-64	29,118	8%	8,738	30%	\$294,733,246	18%	\$16,501,449	6%
65 and older	45,390	13%	12,043	27%	\$514,696,439	31%	\$18,809,387	4%
Gender								
Female	215,015	60%	102,082	47%	\$977,723,521	59%	\$84,095,432	9%
Male	142,799	40%	63,679	45%	\$672,579,448	41%	\$55,259,289	8%
Race								
White	170,303	48%	72,544	43%	\$1,058,003,444	64%	\$62,586,942	6%
Black	26,449	7%	11,600	44%	\$83,478,958	5%	\$7,248,525	9%
Hispanic	124,211	35%	63,705	51%	\$338,546,809	21%	\$49,665,579	15%
American Indian/Alaskan Native	2,263	1%	1,164	51%	\$5,932,296	0%	\$652,018	11%
Asian/Pacific Islander	3,712	1%	1,182	32%	\$11,770,615	1%	\$790,748	7%
Other/Unknown	30,876	9%	15,566	50%	\$152,570,847	9%	\$18,410,909	12%
Dual Status								
Aged Duals with Full Medicaid	36,503	10%	6,262	17%	\$479,221,534	29%	\$15,235,485	3%
Disabled Duals with Full Medicaid	18,552	5%	2,697	15%	\$273,471,043	17%	\$3,501,638	1%
Duals with Limited Medicaid	10,241	3%	10,230	100%	\$8,136,061	0%	\$4,023,343	49%
Other Duals	207	0%	105	51%	\$886,294	0%	\$78,503	9%
Disabled Non-Duals	40,701	11%	8,851	22%	\$432,629,152	26%	\$30,162,779	7%
All Other Non-Duals	251,610	70%	137,616	55%	\$455,958,885	28%	\$86,352,973	19%
Eligibility Group								
Aged	44,504	12%	11,903	27%	\$505,757,767	31%	\$18,461,162	4%
Disabled	65,059	18%	16,749	26%	\$717,596,133	43%	\$36,185,124	5%
Adults	62,949	18%	42,230	67%	\$128,769,643	8%	\$39,313,554	31%
Children	185,184	52%	94,853	51%	\$297,283,486	18%	\$45,331,521	15%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
COLORADO, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	165,761	7,842	5%	\$139,354,721	\$20,761,523	15%
Age						
0-3	41,629	221	1%	\$31,710,115	\$228,438	1%
4-5	11,127	135	1%	\$1,139,613	\$100,251	9%
6-12	28,429	1,072	4%	\$3,369,562	\$1,305,008	39%
13-18	17,767	2,329	13%	\$14,674,100	\$8,251,631	56%
19-21	10,108	306	3%	\$10,310,361	\$1,129,579	11%
22-44	35,917	1,955	5%	\$42,836,778	\$3,809,175	9%
45-64	8,738	1,032	12%	\$16,501,449	\$3,036,572	18%
65 and Older	12,043	792	7%	\$18,809,387	\$2,900,869	15%
Gender						
Female	102,082	3,893	4%	\$84,095,432	\$9,352,748	11%
Male	63,679	3,949	6%	\$55,259,289	\$11,408,775	21%
Race						
White	72,544	4,507	6%	\$62,586,942	\$11,649,641	19%
Black	11,600	463	4%	\$7,248,525	\$1,317,844	18%
Hispanic	63,705	1,537	2%	\$49,665,579	\$3,766,417	8%
American Indian/Alaskan Native	1,164	39	3%	\$652,018	\$55,992	9%
Asian/Pacific Islander	1,182	27	2%	\$790,748	\$79,524	10%
Other/Unknown	15,566	1,269	8%	\$18,410,909	\$3,892,105	21%
Dual Status						
Aged Duals with Full Medicaid	6,262	608	10%	\$15,235,485	\$2,468,865	16%
Disabled Duals with Full Medicaid	2,697	555	21%	\$3,501,638	\$1,150,061	33%
Duals with Limited Medicaid	10,230	1,013	10%	\$4,023,343	\$1,248,032	31%
Other Duals	105	13	12%	\$78,503	\$13,084	17%
Disabled Non-Duals	8,851	1,092	12%	\$30,162,779	\$4,767,327	16%
All Other Non-Duals	137,616	4,561	3%	\$86,352,973	\$11,114,154	13%
Eligibility Group						
Aged	11,903	783	7%	\$18,461,162	\$2,893,213	16%
Disabled	16,749	2,510	15%	\$36,185,124	\$6,882,580	19%
Adults	42,230	994	2%	\$39,313,554	\$1,286,640	3%
Children	94,853	3,552	4%	\$45,331,521	\$9,691,354	21%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
COLORADO, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	669	9%	39	1%	585	20%	45	6%
Major depression and affective psychoses	1,495	19%	449	11%	881	29%	165	21%
Other psychoses	248	3%	49	1%	95	3%	104	13%
Childhood psychoses	71	1%	66	2%	5	0%	0	0%
Neurotic & other depressive disorders	1,851	24%	604	15%	964	32%	283	36%
Personality disorders	78	1%	33	1%	40	1%	5	1%
Other mental disorders	143	2%	45	1%	61	2%	37	5%
Special symptoms or syndromes	224	3%	90	2%	97	3%	37	5%
Stress & adjustment reactions	787	10%	456	11%	225	8%	106	13%
Conduct disorders	1,123	14%	1,099	27%	18	1%	6	1%
Emotional disturbances	405	5%	405	10%	0	0%	0	0%
Hyperkinetic syndrome	737	9%	721	18%	16	1%	0	0%
No Diagnosis	11	0%	7	0%	0	0%	4	1%
Total	7,842	100%	4,063	100%	2,987	100%	792	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
COLORADO, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	0	0	1	2	1	1%	2	10	10%	4
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	4	28	5	11	9	3%	18	1	0%	1
	13-18	41	35	37	8	75	9%	23	20	2%	5
	19-21	9	52	6	6	15	9%	33	12	7%	7
	22-44	0	0	42	5	42	3%	5	95	7%	8
	45-64	0	0	29	11	29	5%	11	52	8%	9
	65+	0	0	5	0	5	1%	0	24	4%	0
All Ages	54	37	125	7	176	5%	17	214	6%	7	
Male	0-3	0	0	0	0	0	0%	0	24	19%	3
	4-5	0	0	1	18	1	1%	18	2	2%	3
	6-12	18	23	15	15	32	4%	20	3	0%	5
	13-18	69	26	17	8	85	6%	23	15	1%	9
	19-21	31	33	2	17	32	23%	33	3	2%	22
	22-44	0	0	46	11	46	7%	11	45	7%	15
	45-64	0	0	12	11	12	3%	11	44	11%	11
	65+	6	103	2	0	8	3%	77	7	3%	1
All Ages	124	31	95	11	216	5%	23	143	4%	10	
Total	0-3	0	0	1	2	1	0%	2	34	15%	4
	4-5	0	0	1	18	1	1%	18	2	1%	3
	6-12	22	24	20	14	41	4%	20	4	0%	4
	13-18	110	29	54	8	160	7%	23	35	2%	7
	19-21	40	37	8	9	47	15%	33	15	5%	10
	22-44	0	0	88	8	88	5%	8	140	7%	10
	45-64	0	0	41	11	41	4%	11	96	9%	10
	65+	6	103	7	0	13	2%	47	31	4%	1
All Ages	178	33	220	9	392	5%	20	357	5%	8	

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
COLORADO, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	38	39%	0.53	0.87	1.39	1,945	10%	1.26
	4-5	5	11%	0.20	1.00	1.20	285	5%	1.18
	6-12	30	10%	0.30	1.20	1.50	573	4%	1.18
	13-18	127	15%	0.34	1.13	1.46	826	9%	1.37
	19-21	43	26%	0.51	1.37	1.88	1,233	13%	1.40
	22-44	339	26%	0.45	1.61	2.05	3,154	11%	1.41
	45-64	160	26%	0.28	1.98	2.26	456	11%	1.55
	65+	74	14%	0.15	1.73	1.88	421	6%	1.64
	All Ages	816	21%	0.37	1.55	1.92	8,893	9%	1.37
Male	0-3	46	37%	0.46	1.07	1.52	2,339	11%	1.31
	4-5	10	11%	0.00	1.40	1.40	310	6%	1.20
	6-12	59	8%	0.27	0.97	1.24	640	5%	1.15
	13-18	118	8%	0.20	1.08	1.29	273	5%	1.16
	19-21	13	9%	0.15	1.31	1.46	32	5%	1.19
	22-44	164	25%	0.54	1.74	2.28	484	10%	1.72
	45-64	116	28%	0.47	2.04	2.52	404	11%	1.70
	65+	25	10%	0.24	1.48	1.72	213	5%	1.59
	All Ages	551	14%	0.39	1.50	1.88	4,695	8%	1.36
Total	0-3	84	38%	0.49	0.98	1.46	4,284	10%	1.28
	4-5	15	11%	0.07	1.27	1.33	595	5%	1.19
	6-12	89	8%	0.28	1.04	1.33	1,213	4%	1.16
	13-18	245	11%	0.27	1.11	1.38	1,099	7%	1.32
	19-21	56	18%	0.43	1.36	1.79	1,265	13%	1.39
	22-44	503	26%	0.48	1.65	2.13	3,638	11%	1.45
	45-64	276	27%	0.36	2.00	2.37	860	11%	1.62
	65+	99	13%	0.17	1.67	1.84	634	6%	1.63
	All Ages	1,367	17%	0.38	1.53	1.90	13,588	9%	1.36

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
COLORADO, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	232	1%	8	4%	224	1%
4-5	126	1%	35	26%	91	1%
6-12	1,344	5%	601	56%	743	3%
13-18	1,709	10%	1,023	44%	686	4%
19-21	472	5%	139	45%	333	3%
22-44	3,548	10%	1,039	53%	2,509	7%
45-64	1,887	22%	523	51%	1,364	18%
65+	2,527	21%	502	63%	2,025	18%
All Ages	11,845	7%	3,870	49%	7,975	5%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
COLORADO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	39	28%	67%	23%	13%	10%	46%	3%
Major depression and affective psychoses	449	42%	27%	10%	15%	8%	30%	13%
Other psychoses	49	33%	63%	20%	12%	4%	45%	8%
Childhood psychoses	66	12%	15%	11%	0%	11%	14%	26%
Neurotic & other depressive disorders	604	34%	10%	7%	3%	5%	13%	24%
Personality disorders	33	21%	0%	0%	0%	52%	9%	30%
Other mental disorders	45	18%	9%	11%	4%	2%	9%	49%
Special symptoms or syndromes	90	11%	6%	4%	1%	6%	2%	53%
Stress & adjustment reactions	456	21%	12%	4%	3%	8%	14%	23%
Conduct disorders	1,099	24%	6%	4%	3%	7%	9%	28%
Emotional disturbances	405	24%	9%	6%	2%	12%	15%	27%
Hyperkinetic syndrome	721	17%	6%	3%	1%	65%	17%	12%
No Diagnosis	7	0%	0%	0%	0%	0%	0%	0%
Total	4,063	25%	11%	6%	4%	18%	15%	56%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
COLORADO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	585	23%	43%	17%	7%	0%	31%	3%
Major depression and affective psychoses	881	40%	25%	27%	11%	1%	36%	8%
Other psychoses	95	15%	35%	22%	4%	0%	23%	12%
Childhood psychoses	5	40%	40%	40%	0%	0%	20%	20%
Neurotic & other depressive disorders	964	51%	12%	36%	2%	1%	33%	12%
Personality disorders	40	33%	20%	23%	10%	0%	30%	10%
Other mental disorders	61	36%	25%	28%	3%	0%	30%	20%
Special symptoms or syndromes	97	31%	7%	32%	3%	2%	24%	41%
Stress & adjustment reactions	225	29%	8%	19%	1%	0%	13%	19%
Conduct disorders	18	39%	33%	22%	0%	0%	33%	33%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	16	38%	0%	25%	0%	38%	31%	13%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	2,987	38%	23%	27%	6%	1%	31%	48%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
COLORADO, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	45	16%	53%	22%	11%	0%	33%	4%
Major depression and affective psychoses	165	54%	30%	33%	6%	4%	41%	5%
Other psychoses	104	40%	39%	29%	0%	0%	34%	12%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	283	52%	17%	31%	0%	2%	33%	13%
Personality disorders	5	80%	80%	40%	0%	0%	80%	20%
Other mental disorders	37	27%	27%	32%	0%	3%	27%	22%
Special symptoms or syndromes	37	30%	38%	22%	0%	0%	32%	14%
Stress & adjustment reactions	106	54%	21%	34%	0%	2%	33%	15%
Conduct disorders	6	83%	83%	67%	0%	0%	83%	17%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	4	50%	50%	50%	0%	0%	50%	0%
Total	792	47%	28%	31%	2%	2%	35%	37%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).